

The PREVENTION CONNECTION

NEWSLETTER

The Role of Public Policy in Prevention Programs

By Jane Jelinski, Director, Local Government Center, Montana State University

Everyone knows what public policy is. *Right?* We certainly talk about it all the time. The way public policy is conceived and implemented—or bantered about and shelved—provides a fascinating spectator sport for millions of Americans. Debates about federal, state and local public policies add sparkle and passion to political campaigns and backyard barbecues.

Public policy is, quite simply, government action that affects the lives of citizens. Federal, state and local governments enact legislation, decide budget priorities, and initiate programs that determine the content of public policy for their jurisdictions. The courts play an important role in the implementation of public policy by interpreting statutes and administrative rules and regulations.

Public policy reflects the values, beliefs and political preferences of policymakers, who are elected by the voters. In a democracy, these decisions reflect the wishes of citizens, so the role of public opinion should not be underestimated. While the formulation of public policy is a spectator sport for many, it is a dynamic opportunity for many others to participate

actively in the democratic process and to affect the outcome of political decision-making. Often statements of public policy are nothing more than rhetoric in that no provision is made for implementation or for necessary funding. However, when the voters clearly express their desire for the government to actually achieve a public policy goal, elected officials are inclined to step up to the plate and lead the charge to obey the will of the public.

A recent and dramatic example is the case of campaign finance reform. For decades, Congress has articulated an interest in reforming the way political campaigns are financed, and for decades, one campaign finance reform bill after another languished and died in the Congress. It was not until the recent Enron scandal—and its association with excessive campaign contributions to members of Congress—that campaign finance reform legislation quickly passed in response to public outrage.

The Institute of Medicine undertook a study of our public health system in 1988 and concluded that, “. . . This nation has lost sight of its public health goals and has allowed the system of public health activities to fall into disarray. Public health is what we, as a society, do collectively to assure the conditions in which people can be healthy.” The mission of a public health system is clearly consistent with the five goals established by the Interagency Coor-

inating Council (ICC) for State Prevention Programs. Ironically, the government response to the tragic events of September 11th might yield the unanticipated benefits of a more modern, streamlined and effective public health care system nationwide.

One of the most intriguing aspects of public policy is that virtually all legislative acts have numerous unintended consequences, positive or negative. A recent federal initiative stemming from the “war on terrorism” is a case in point. As a result of the events of September 11th and the subsequent anthrax events, improving pub-

Continued on Page 2

Public policy is a pattern of governmental activity on some topic or matter which has a purpose or goal.

Policy

Public Health	2
Notes from the Edge	4
Kids Count	6
Restorative Justice	8
No Child Left Behind	10
FAS Consortium	14
In-Care Network	17
Safe Kids/Safe Communities	21
Workforce Investment Act	23

**Montana Prevention
Resource Center**

P.O. Box 4210
Helena, MT 59604
Web Site: www.state.mt.us/prc

Co-coordinators

Jan Lombardi
(406) 444-1928
jlombardi@state.mt.us and

Vicki Turner
(406) 444-5986
vturner@state.mt.us

Guyline Gelinas
Administrative Support
(406) 444-9772

Will Soller
VISTA Leader
(406) 444-9655

LaNette Diaz
VISTA Leader
(406) 444-3925

Ryan Smart
VISTA
(406) 444-9654

The Prevention Connection

Sherrie Downing
Editor
(406) 443-0580
Fax: (406) 443-0869
E-mail: DowningSL@attbi.com
www.sherriedowning.com

Karen von Arx Smock
KD Graphics
Freelance Design & Production
Phone/fax: (507) 894-6342
E-mail: kdgrafix@acegroup.cc

The Role of Public Policy

Continued from cover

lic health systems became an urgent national security issue. In response, Congress provided substantial funding to strengthen our public health system to ensure that it has the capacity to respond to bioterrorism and other emergencies.

Montana's state and local health system leaders have struggled for years to develop a strategic plan to improve the state's public health system. Now that the federal government has backed up their verbal commitment to build an effective public health system by providing funding for public policy, the strategic plan can be implemented more quickly. Whether to prevent a biological disaster or not, building a more effective public health system infrastructure will surely enhance the prevention process and further progress not only toward the five goals of the ICC, but toward the well-being of all Montanans.

Sources cited:

- James E. Anderson, *Public Policy and Politics in America* (Wadsworth Publishing Company, Inc., 1978), p. 4.
- *The Future of Public Health*, Committee for the Study of the Future of Public Health, Division of Health Care Services, Institute of Medicine, (National Academy Press, 1988), p. 1.

The mission of the Local Government Center is to provide training, research and technical assistance to Montana's local governments geared to strengthening their capacity to deliver essential services. For more information, visit www.montana.edu/wwwlgc.

Jane Jelinsky has been the Director of the Local Government Center since 2001. Prior to that, she was the Assistant Director of the Montana Association of Counties and a Gallatin County Commissioner.

Public Health

The Health Policy and Services Division (HPSD) of DPHHS houses a variety of public health functions including communicable disease, chronic disease and injury prevention and control programs, maternal and child health programs, and laboratory and emergency medical services. In an effort to create a single, division-wide focal point for public health system improvement and coordination, the HPSD has created an Office of Public Health System Improvement (OPHSI).

The office is housed in the Health Systems Bureau and incorporates existing public health system improvement and health planning activities, including the *Turning Point Initiative* funded by the Robert Wood Johnson Foundation. The Office of Public Health System Improvement will also be involved in upcoming public health emergency and bio-terrorism preparedness activities.

Responsibilities of OPHSI :

- **Overseeing implementation of Montana's Strategic Plan for Public Health System Improvement**
- Implementing Montana's Public Health Training Institute
- Assuring coordination among public health programs
- Serving as liaison with local health departments.

Jane Smilie was hired in March to serve as the OPHSI Director. Team members include: Melanie Reynolds, Turning Point Initiative Coordinator; Christine Hingst, Distance Learning and Workforce Development Coordinator; Susan Cummings, Public Health Data Analyst; and Vicki Cook and Kim Logan, administrative support.

For more information, contact Jane Smilie at 406-444-7072 or jsmilie@state.mt.us.

The Jan and Vicki Column

OK. We admit it—the topic we’ve chosen for this issue of the *Prevention Connection* issue is rather . . . well . . . *boring*. For some reason, talking about policy just doesn’t seem to inspire people to grab a cup of coffee and sit down for a friendly chat. But maybe it should—policy plays a key role in prevention at federal, state, tribal and community levels. It’s the backbone that provides methods of action and guides decisions.

We believe that an important piece of implementation is providing Montanans with Montana-specific resources. Multiple facets of the prevention equation—ranging from the legal implications of legislation and taxes on alcohol and tobacco to DUI policy and the treatment continuum, from service implementation to impact measurement—must all be considered and addressed as part of a statewide prevention conversation.

Through our work at the Prevention Resource Center, we have spent the last three years working to align the community-level prevention efforts of VISTAs with state-level Interagency Coordinating Council goals. Has it been easy? *No*. Has it been rewarding? *Very*.

Growth in the level and number of services demanded of and provided by the PRC and its staff has been nothing short of explosive. Concerted and sustained efforts to coordinate work at the statewide, community and interagency levels are beginning to pay off. PRC strategies are reaching more Montanans than ever before as they become aware of the services offered through the PRC. Consider the following signs of growth.

- The number of **PRC VISTAs** has nearly *quadrupled* since 1999. In the beginning, extensive community outreach had to be done just to find and recruit appropriate VISTA sites. That is a thing of the past. Site selection has been formalized through a web-based system, and has evolved into a highly competitive process. The pool of applicants offering to serve as VISTA sites now *consistently* surpasses the number of VISTAs available for placement. Starting from a baseline of 12 VISTAs and approximately 10 VISTA sites in 1999, the network has grown to include 37 sites

and 45 VISTAs serving over the course of a year. PRC VISTAs are now working in urban, rural, frontier and Indian communities in every corner of Montana.

- Our ***Prevention Connection Newsletter*** is distributed statewide on a quarterly basis. In response to increasing interest and demand, the publication has *doubled* in circulation since 1999 and has grown from approximately 16 pages to 24 or more. There are nearly daily requests for additional copies and/or inclusion on the mailing list. This professional journal that has attracted national interest, and has come to serve as a valuable resource for prevention professionals statewide.
- The **PRC website (www.state.mt.us/prevention)** received nearly 650 “hits” during the first month of tracking (March 2002). This is not surprising. This comprehensive resource is one of the best of its type, and provides links to a wide range of Montana-specific and national prevention resources.
- A comprehensive, interactive **resource directory of state prevention resources** for the five ICC goals is now accessible on the web. The **ICC goals and benchmarks** provide a framework used to assess progress of prevention programs statewide and for use in national comparisons.

After just three years of consistent and consolidated effort, we are—as a prevention community—creating measurable impact. There is credit due at a number of levels: to the dedicated and insightful staff, particularly the ICC workgroup, to the Department of Public Health and Human Services (DPHHS) for its support, the Corporation for National and Community Service for resources to expand the PRC VISTA project, and to the ICC members who have lent their expertise to create a workable and collaborative process.

The middle page spread of this issue details the many PRC resources available to help communities achieve their prevention strategies.

Interagency Coordinating Council (ICC)

Mission: *To create and sustain a coordinated and comprehensive system of prevention services in the state of Montana*

Prevention Resource Center
P.O. Box 4210
Helena, MT 59604
(406) 444-1928
Fax: (406) 444-1970

Chair: **Jim Oppendahl**
Executive Director
MT Board of Crime Control

Vice-Chair: **Alison Counts**
Belgrade Public Schools

Members

Gail Gray
Director
Dept. of Public Health & Human Services

Vacant
State Coordinator of Indian Affairs

Bill Slaughter
Director
Dept. of Corrections

Wendy Keating
Commissioner
Dept. of Labor and Industry

Linda McCulloch
Superintendent
Public Instruction

Mike McGrath
Attorney General

William Snell, Jr.
Director
In-Care Network, Inc.

General John E. Pendergast
Dept. of Military Affairs

Dave Galt
Director
Dept. of Transportation

Dr. Richard Crofts
Commissioner of Higher Education

Betty Hidalgo
Chair
Montana Children’s Trust Fund

Lt. Gov. Karl Ohs
Ex-officio

Staff

Jan Lombardi

Notes From the Edge

A personal view of how local policy was changed

By Jenna Caplette



March 13th headline in the Bozeman Daily Chronicle announced: "Street drinking ordinance wins first approval." Just a little under a month later Montana State University's newspaper, *The Exponent*, reported, "Bozeman City Commission votes down public alcohol consumption."

The demise of "the Street Drinking Ordinance" began simply, with one concerned citizen calling another. That first call went to Dave Douglass, Prevention Specialist with Alcohol and Drug Services of Gallatin County (ADSGC). Douglass and Shelly Johnson, ADSGC Director, attended the next commission meeting and voiced concern about the proposal. They were invited to return in two weeks with those concerns developed and in writing. Douglass remembers, "The Commission had seen the proposal as something that would yield a nice opportunity for locals to come downtown and enjoy an evening of outdoor music." They hadn't considered all of the ramifications of that change, including underage access to alcohol and the probability of DUI incidents as people drove home after the events.

Douglass approached Betsy Webb of the Institute for Public Strategies (IPS), Bozeman office, who manages the Underage Drinking Reduction Project. She and Douglass agreed to meet and plan a strategy. Then they each contacted other prevention professionals who they believed would be concerned about the ordinance. From those contacts, a coalition was born. Over the following weeks, coalition members discovered that there is far more power in working collectively than individually, even as individual organizations.

The coalition issued their first press advisory on March 20th. They wrote the Clerk of Commission, asserting their intention to oppose the ordinance. On March 22nd, a *Bozeman Daily Chronicle* editorial by James Baker, Executive Director of the

Institute, summed the situation up: "... the commission is sending the message that it approves of drinking as an appropriate activity in a family-oriented place. It also sends the message that no activity is complete without the consumption of alcoholic beverages."

Two days later the *Bozeman Daily Chronicle* published a story that they called, "The Bozeman Street Drinking Ordinance Coalition." By now membership included the Communities That Care Coalition and Mothers Against Drunk Driving. Later, the Gallatin County DUI Task Force joined. IPS prepared a packet of materials that asked each commissioner to consider the question, "How do the proposed ordinance revisions allowing alcohol on city streets make Bozeman a safer, healthier community? Who will benefit from the sale of alcohol at special events? What are the costs to taxpayers for enforcement and clean up?"

Coalition representatives met with the assistant city attorney to propose revisions to the ordinance. Their recommendations included a defined sales and consumption area with obvious boundaries (e.g., a tent and a fence), and ending drink service one hour prior to the end of the event. They asked that purchases be limited to one drink per customer, hoping to reduce the likelihood that people would agree to make purchases for underage drinkers. The *Bozeman Daily Chronicle's* editorial board came out in support of those recommendations.

Twenty-one people showed up to testify on the night of the final vote—eighteen were

opposed to the ordinance. "The ordinary citizen, as they became more informed about the potential harm of the ordinance, became concerned about those possible harmful ramifications," says Webb. One of those citizens came armed with the current issue of a local paper that featured two articles on the realities of underage drink-

"We used a lot of data. We came very reasonably to the table, very willing to compromise," says Webb.

Improving Family Income Matters

The inability to make critical investments in their kids' development—from meeting basic needs to providing enriching materials, activities and services—helps explain why parents' poverty negatively affects children's cognitive development. So says this policy brief, which is first in a series from the National Center for Children in Poverty.

http://cpmcnet.columbia.edu/dept/nccp/improving_security_series.html

Moving Up is a Steep Climb

A new ethnographic study follows the lives and fortunes of 10 families who participated in the Casey Foundation's Jobs Initiative programs in Milwaukee and Seattle.

<http://www.aecf.org/jobsinitiative/ethnography.htm>

Notes From the Edge

Continued from Page 4

ing in Bozeman. Another described personal loss stemming from DUI incidents. They talked about their neighborhoods, about the impact of similar ordinances in other communities. They spoke as young adults and as senior citizens. A lawyer presented the legal issues. An insurance agent described liability issues. Organizations that had not participated in the coalition meetings testified.

Ultimately, the city attorney advised the commissioners that the more restrictions they included in the ordinance, the more the city's liability increased. "It became a black and white issue," Webb explains. Left without the ability to compromise, and in the face of "overwhelming community concern," the commission voted against the ordinance on April 8th.

This success left coalition members with a strong experience of the synergy created when groups of people already doing good work come together. Coalitions members were left with a new awareness

of the possibilities inherent in the political process. ADSGC's Dave Douglass says it was good to experience the reality that when "a group of citizens get together, they can make change."

The result? "We're continuing to meet." Sarah Walker of the Underage Drinking Project at IPS, sums it up: "Our success gave us the grounds for further action."

Jenna Caplette is the Prevention Writer for Alcohol and Drug Services of Gallatin County. For more information, contact Jenna at 406-585-1492 (DUI Task Force #) and leave a detailed message, fax 406-585-9674 or Email: jennac@in-tch.com.



A Note From Jan

The prevention resource wheel has been invented and the machine is running. Unfortunately, in today's environment, state dollars are stretched as far as they can go. This has meant that some hard questions are being asked concerning the viability and longevity of the PRC and the ICC. As a result, there are changes ahead. One on the imminent horizon is that Jan

Lombardi is leaving the PRC to join the staff at OPI. The Interagency Coordinating Council is redefining legislation and exploring various funding strategies for the long term. In upcoming issues of the *Prevention Connection*, we will keep you posted relative to unfolding legislative plans. We plan to make every attempt to maintain the prevention resources provided by the PRC and we invite you to contact us with your suggestions and interests as we proceed down this path.

I have often likened the work of the PRC to achieving world peace. It has been

a mixture of pandemonium and pure bliss. Bringing ten agencies together in support of five goals that collectively have the potential to make a difference in the lives of thousands of Montana's kids is daunting, challenging and extremely rewarding. A

The mission of the PRC is to create and sustain a coordinated and comprehensive system of prevention services in Montana.

quote by Septima Poinsette Clark sums up my personal philosophy to getting the job done: "I have great belief in the fact that whenever there is chaos, it creates wonderful thinking. I consider chaos a gift."

I have been honored to work with Vicki Turner, an exceptional job share partner, and the brilliant VISTAs who have collectively created the tools that have resulted in key pieces of the prevention system.

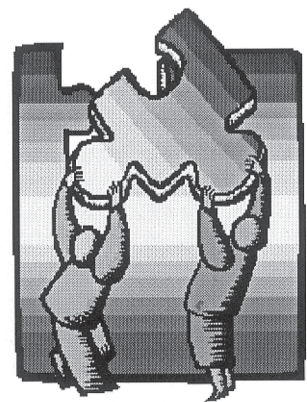
In closing, you have my warmest thanks and very good wishes for continued success.

Jan

National Conversation on Youth Development

Based on more than 1,600 discussions with youth and community leaders across the states, this report from 4-H calls for organizations, corporations and government to work together to help youth develop life skills. Specific recommendations include establishing youth advocates within each federal department and agency, designing programs and educational opportunities that promote ethnic diversity, increasing compensation and opportunities for professionals working in youth development and expanding the use of mentoring, work-based and community service learning, and technology along with innovative and safe after school programs.

<http://www.pnnonline.org/people/youth052002.asp>



Helping Business Leaders Understand the New Education Law

The business community has a vital role to play in efforts to implement the "No Child Left Behind Act." States have great flexibility in how some reforms are accomplished and business leaders should advocate for the priorities that make the most difference. Over the next year, states and local districts will be developing plans, accountability systems, and strategies for improving student achievement that will create opportunities for business involvement.

A new toolkit from the Business Roundtable helps business leaders seize specific opportunities to partner with educators and political leaders in the next year to implement school reform. The toolkit gives specific action steps to help states successfully implement the key reforms. It includes messages to deliver to public officials, additional details about the requirements of the law, and helpful contacts in each state.

<http://brt.org/toolkit/toolkit.html>

Families, Kids and the Workforce

By Dr. Stephen F. Seninger

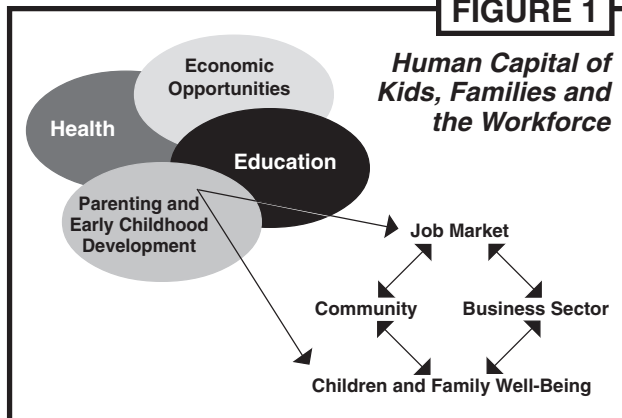


Human Capital—the education, work experience, training, and health of the state's population—is as important to Montana's economy as public capital and energy, in terms of producing output and getting it to market. Higher levels of human capital increase the earning power of workers and, ultimately, the well-being of Montana's families. Despite the important role that human capital plays in the economy, there is little data on the subject. In an attempt to fill this void, the University of Montana Bureau of Business and Economic Research has started collecting data on the well-being of Montana families and kids as part of the Annie E. Casey Foundation's Kids Count Project. Traditionally, the Bureau monitored and analyzed Montana's economy and its major industries. While the Kids Count Project takes something of a new direction, these indicators provide another important measure of the state's economic performance.

Some of Montana's indicators of family well-being show progress over the past decade, while others show a lack of improvement. For example, since 1990, Montana's infant mortality rate has fallen from 9.0 to 7.4 infant deaths per 1,000 live births, an improvement that puts our state 28th among the 50 states. Our child death rate dropped over the same period, as did the birthrate to teen moms between the ages of 15-17. Montana kids and families continue to face economic hardship, though. There has been virtually no improvement over the past decade in these areas:

- 31 percent of Montana kids under the age of 18 live in working-poor families where at least one parent, and sometimes both, work full time all year earning an income that is slightly above the poverty level. This compares to 23 percent for the nation.
- 18 percent of Montana kids under the age of 18 are without public or private health insurance, as compared to 15 percent for the nation.

FIGURE 1



Family Human Capital

Economic opportunity dimensions of family human capital—parenting, education, and health care—are shown in Figure 1. Parenting in early childhood is critical to mental and physical development of children between the ages of one and five. Education and training are directly related to the level of the skills and abilities of younger and older workers, and may offer families better-quality jobs and higher pay levels. Healthy workers who have adequate access to medical care also help maintain a healthy economy.

The health dimension of family human capital is especially important to track since access to health care is a serious problem for parents and kids in low-income families in which one or both parents work. Official measures of health insurance coverage include Montana kids covered by private and public health insurance, including Medicaid. An estimated 18 percent of Montana kids do not have health insurance coverage, a rate higher than the national average of 15 percent.

Roughly 42,000 kids and teenagers under age 18 do not have access to private insurance or public health-care programs, including the Medicaid program for low-income families and Montana Children's Health Insurance Program (CHIP), designed for Montana kids from families who are not eligible for Medicaid.

Part of Montana's health access problem can be attributed to the large number of low-wage jobs that either do not offer health insurance or require a significant copay. Health insurance through employment may not be economically feasible. Offer-

Continued on Page 7

Kids Count

Continued from Page 6

ing health insurance on the job is a direct function of the wage level—health insurance premiums are usually higher for those in low-wage jobs, making private health insurance unaffordable for those workers.

The Kids Count database provides regional comparisons on different aspects of family and child well-being. Health insurance and access to health care, medical care during pregnancy, school dropout rates, and jobless rates are four measures that offer a first approximation to family human capital levels in Montana communities (Table 1). Health-care access is reflected in the percent of kids in a county who rely on the Medicaid low-income health programs. Higher percentages of kids receiving benefits from Medicaid programs, which are subject to budget cuts, reflect uncertain access to health care. Early parenting and infant health can be represented by the percent of infants born to mothers who did not receive prenatal care during the first trimester of pregnancy. Education is represented by the county dropout rate for public schools and economic opportunity is measured by the county's overall unemployment rate.

The percentages in Table 1 reflect gaps in human capital. Larger values represent fewer employment opportunities, higher rates of reliance on Medicaid, more school dropouts, and fewer infants whose mothers received prenatal care. Some of the more noticeable gaps in health care and prenatal care show up significantly in Flathead County and Hill County. High dropout and unemployment rates in Flathead County also contribute to the high gap in that county. Hill County's gap is due primarily to health-care access and prenatal care. Gallatin and Lewis and Clark counties have the lowest cumulative scores. A high proportion of expectant mothers in those two counties receive prenatal care during their first trimester of pregnancy and a smaller proportion of kids depend on Medicaid for health care.

Montana's family support programs are designed to help working parents move to full-time or higher-wage jobs. Childcare programs for kids of all ages facilitate full-time participation in the labor market and offer benefits to parents and employers alike.

Studies show that there is a relationship between the availability of childcare and higher rates of absenteeism and job turnover. Working parents miss some part of a workday on average about three times per year because of childcare-related absences. Some employers have found that part of high turnover costs per worker (\$2,000 to \$4,000) can be attributed to a lack of childcare. In labor-short occupations within healthcare, the availability of childcare affects the ability of hospitals, nursing homes, and clinics to recruit and retain female workers.

The demographics of Montana's workforce argue for a greater emphasis on family support programs, including childcare. In the very near future, 85 percent of the workforce will consist of working parents. Nationally, 75 percent of women who have school-age children are employed, and 65 percent of mothers with children under the age of 6 are in the workforce. In Montana's elementary schools, over 52 percent of the students have parents who work outside the home.

Kids Count in Montana is available online at www.bber.umt.edu/kidscountmt.

Sources:

—<http://www.kidscount.org>

—<http://www.bber.umt.edu/KidsCountMT>

The Unfinished Business of Welfare Reform

This Child Trends Report reviews the latest trends in child well-being, the effects of welfare reform on children and insights on how policy makers can use welfare reform reauthorization to improve the lives of America's children and youth.

[http://www.childtrends.org/PDF/](http://www.childtrends.org/PDF/UnfinishedBusinessofWR.pdf)

[UnfinishedBusinessofWR.pdf](http://www.childtrends.org/PDF/UnfinishedBusinessofWR.pdf)

TABLE 1

Indicators of Family Human Capital for Montana Counties (By percent)

	Kids Using Medicaid	Mothers Without Prenatal Care—1st Trimester	School Dropouts	Unemployment	Gaps—Percentage Score
Cascade	10	14	2.5	4.2	33.7
Fergus	8	20	3.3	6.7	38.0
Flathead	9	18	7.7	7.7	42.4
Gallatin	5	13	3.2	3.3	24.5
Hill	17	27	3.5	4.1	51.6
Lewis & Clark	8	12	4.1	3.9	28.0
Missoula	9	13	5.5	3.7	31.5
Silver Bow	13	20	2.0	5.0	40.0
Yellowstone	10	19	4.4	3.4	36.8
Montana	10	18	4.0	4.5	36.5

Sources: Montana Kids Count data, Bureau of Business and Economic Research, and the University of Montana-Missoula.

Restorative Justice

By Matthew Dale, Director, Office of Victim Services & Restorative Justice

A Restorative Justice Program:

1. *Focuses on the harms/hurt of the crime rather than the rules that have been broken.*
2. *Is concerned about the needs of both the victim and the offender, involving them both in the process of justice.*
3. *Works toward the restoration of victims, empowering them and responding to their needs as they identify them.*
4. *Supports offenders while encouraging them to understand, accept and carry out their obligations to the victim and community.*
5. *Recognizes that while obligations may be difficult for offenders, they should not be intended as pain.*
6. *Provides opportunities for dialogue—direct or indirect—between victim and offender, as appropriate.*
7. *Finds meaningful ways to involve the community and responds to the crime areas within the community.*
8. *Encourages collaboration and reintegration rather than coercion and isolation.*
9. *Is mindful of the unintended consequences of actions and programs.*
10. *Shows respect to all parties—victims, offenders, community members, colleagues.*

—Harry Mika & Howard Zehr

Prisons and jails in Montana are filled to capacity. Over the years, new methods of working with offenders have been attempted in Montana, including half-way houses, boot camp and prerelease centers. These are also filled to capacity. Multiple studies indicate that offenders who participate in a restorative justice process exhibit reduced levels of recidivism, increased rates of restitution and high rates of community service completion. All participants—offenders, community members and, most importantly, victims—report an increased sense of fairness and satisfaction following involvement in restorative justice activities.

The 2001 Montana Legislature passed House Bill 637 to create the Office of Restorative Justice, a longtime dream of sponsor Christine Kaufmann and others. Located in the Attorney General's Office within the Department of Justice, the Office of Restorative Justice became operational in October. Montana is one of the few states in the country that has elevated restorative justice to this level. This act communicates in no uncertain terms the State's commitment to using the restorative justice model in working with juvenile offenders.

The goals of restorative justice are to "restore victims, reform offenders and reduce recidivism." How these goals are accomplished can differ significantly from traditional criminal justice methods. Restorative justice principles seek to provide equal or *balanced* attention to offender accountability, community protection and competency development. From this viewpoint, crimes are committed against people and relationships as versus against the State and its laws. Therefore, the *first* priority of the justice process is to assist victims and to give them a voice in deciding how to repair the harm caused by the offense.

How the harm is repaired varies from case to case, but frequently includes a written or verbal apology, restitution, and community service. The focus is on *making things right* rather than punishment, and the requirements to do so must be achievable. The hope is that through this process, the offender's "competency" will be increased through the acquisition of new skills or

through other self-improvements. The offender is asked to take responsibility for his/her actions and given the opportunity to repair the damage done. In some cases, this means face-to-face meetings between the victim and the offender.

Having the victim and offender meet is perhaps the most radical feature of restorative justice. Known as family group conferencing, victim-offender mediation, sentencing or peacemaking circles, these meetings can be powerful events in the lives of offenders and victims. A good deal of time goes into preparing both participants. At minimum, the offender must be prepared to apologize for his or her actions. When successful, these interactions help to expedite healing, increase the sense of public safety and accelerate the reintegration of the offender into the community.

The principles of restorative justice are not limited to working with first time, non-violent offenders, although that has been its primary implementation in Montana. Programs are currently operating in several communities, including Billings, Missoula, Helena, Havre, Great Falls, Hamilton, Bozeman and West Yellowstone. Funding for most of the programs and for the Office of Restorative Justice comes through the Youth Justice Council, which is affiliated with the Montana Board of Crime Control. Since funding was not provided when the bill was passed, the 2003 Legislature will be asked to permanently fund the office.

Our current situation offers an excellent opportunity to expand and increase the use of restorative justice principles. The Attorney General for the State of Montana has set an example by committing his office to the increased implementation of these principles. This is a great time for the rest of us to support that movement.

For more information, contact Matthew Dale, Office of Victim Services & Restorative Justice—Attorney General's Office at 406-444-1907.



21st Century Community Learning Centers Competitive Grant Notification

In order to assure that all potential applicants have access to the program announcement and sufficient time to prepare a response, the Office of Public Instruction has established the following schedule:

- 7/15/02:** Notice to apply posted on OPI website and mailed to eligible schools. Schools and other applicants can download the application from this site: www.opi.state.mt.us
- 9/20/02:** Applications due to OPI
- 10/07/02:** Peer review completed
- 10/15/02:** Awards made for 10/15/02 to 6/30/03 project period

Note: projects must primarily serve schools that meet or exceed the 40 percent Free and Reduced Lunch rate. A list of eligible schools will be posted on the website with application packets. Updates to information about 21st Century CLC will also be posted on the OPI home page as they become available.

The opinions expressed herein are not necessarily those of The Prevention Resource Center and the Addictive and Mental Disorders Division of the Montana Department of Public Health and Human Services.

The Prevention Resource Center and the Addictive and Mental Disorders Division of the Montana Department of Public Health and Human Services attempt to provide reasonable accommodations for any known disability that may interfere with a person participating in this service. Alternative accessible formats of this document will be provided upon request. For more information, call AMDD at (406) 444-1202, 1-800-457-2327 or the Prevention Resource Center at (406) 444-5986.

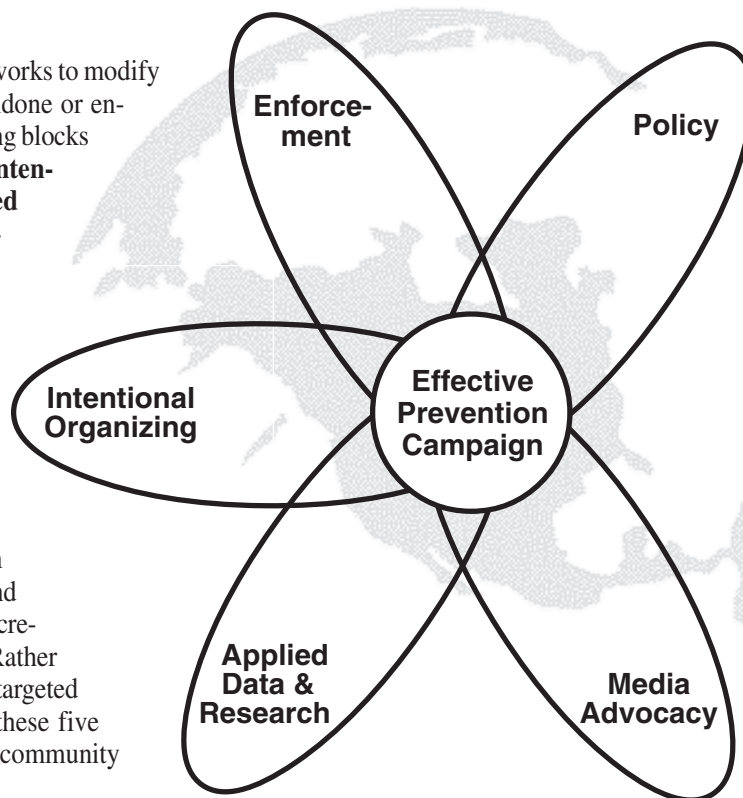
Policy-focused Environmental Prevention

http://www.montanaalcoholpolicyinfo.org/environmental_prevention.htm

An *Environmental Prevention* approach works to modify those elements in our social environment that condone or encourage unhealthy and unsafe behaviors. The building blocks of the environmental prevention model include: **intentional organizing, media advocacy, policy, applied data and research, and enforcement**, which together establish an infrastructure that promotes policy solutions and community norm changes.

This model can be illustrated as five interlocking ovals. The campaign objective provides the focus for the overall strategy while each supporting component helps define the campaign goal and support its achievement through integrated strategic plans.

Policy is a critical component of an effective environmental prevention campaign, working in conjunction with media advocacy, applied data and research, intentional organizing, and enforcement to create institutional, community, and cultural change. Rather than addressing public health issues through efforts targeted at individuals, environmental prevention utilizes these five components to target the attitudes and values of a community that encourage unhealthy and unsafe behaviors.



No Child Left Behind: Low-Performing Schools Policy Brief

The concept of evaluating school performance relative to making adequate yearly progress is not new.

What has changed is that states previously had more latitude in this area.

Under the new Elementary and Secondary Education Act, state responsibilities for intervention are more prescribed. This Education Commission of the States brief explores strategies states can use to help improve the lowest performing schools, including requiring an improvement plan from the school, district, state or a designated entity; providing onsite expertise to schools, encouraging data use, identifying promising practices or promoting early learning.

<http://www.ecs.org/html/newsMedia/e-connection.asp#ep>

The Urban Institute has delineated the way elementary school children will spend their time this summer. The largest group (34 percent) will be in the care of relatives, a goodly proportion will be in parent care or a summer program (30 percent and 24 percent), but more than one in ten (11 percent) will be caring for themselves while their parents work.

<http://www.urban.org/UploadedPDF/900517.pdf>

No Child Left Behind

By Marvin Williams, Student Services Coordinator
Helena School District #1

No Child Left Behind is the name of the mammoth bill signed into law by President Bush in January. The bill took two years of negotiations, contains 1,200 pages, and has nine different names. The bill is so complex that workshops are being offered to provide school staffs with a better understanding of its contents. At a recent workshop in Missoula sponsored by the Office of Public Instruction, participants were presented with “themes” of the new *No Child Left Behind* law. This article is an attempt to cover those themes, and was adapted from an article by Thomas Corwin, U.S. Department of Education (January 24, 2002).

Scientifically-Based Research refers to the application of rigorous systematic and objective procedures through which reliable and valid knowledge relevant to education activities and programs can be obtained. This research includes systematic, empirical methods that draw on observations or experimentation. It involves rigorous data analyses, relies on measurements or observational methods across multiple measurements. It needs to be evaluated using experimental or quasi-experimental designs that provide clarity for replication. Last but not least, the research must be accepted by a peer-review journal.

Adequate Yearly Progress (AYP) is a single statewide accountability system that will be developed at state and local levels within the next few weeks. AYP requires high standards of academic achievement for all students. These standards must be statistically valid and reliable. AYP is designed to be a continuous system that provides substantial academic improvements for all students. The State of Montana will develop a starting point for each local district. They will also establish a time line, not to exceed 12 years. Intermediate goals of three years or less will be developed in equal increments in order to reach the 12-year target. For local districts to make AYP, each of

several subgroups must meet measurable objectives or be placed on a school improvement plan. Subgroups include racial/ethnic groups, the economically disadvantaged, students with disabilities, and students with limited English proficiency.

Accountability is a single, statewide system that will effectively ensure that all districts and schools make adequate yearly progress. Consequences are built in for those districts that do not achieve AYP. Districts and schools not participating under Title 1 are not subject to the requirements regarding school improvement. Accountability will be based on academic standards and assessments, including student achievement. It will also include sanctions and rewards to hold public schools accountable for the achievement of all students.

Public School Choice mandates that districts failing to meet AYP for two consecutive years be placed on a school improvement plan. Students who wish to attend another school will be given that option. No exceptions are allowed for “lack of capacity,” but priority will be given to the lowest achieving students from low-income families. Finances will follow the student.

Supplemental Services is for those districts failing to meet AYP for three consecutive years. In that case, districts must continue to offer—and pay for—public school choice. Districts must provide students in failing schools with Supplemental Services and use five percent of the district’s overall Title 1, Part A funds to pay for those services. Districts must also use an additional ten percent of their Title 1, Part A money for supplemental services or transportation for public school choice. Supplemental services include such things as tutoring or other extra educational opportunities, and may be offered through an outside provider. Services must be approved by the state.

Continued on Page 11

No Child Left Behind

Continued from Page 10

Education of Limited English Proficient (LEP) Children - Title III provides for instruction of LEP and immigrant students. The purpose is to help ensure that LEP students become proficient in English and attain state standards. Funding for school districts will be allotted on a formula basis according to the number of LEP and immigrant students in the district, with not less than \$10,000 allocated per local district. Districts must provide high-quality language instruction programs based on scientifically based research.

Highly Qualified Teachers—Teachers must have obtained full state certification as a teacher or passed the state teacher licensing examination and hold a state license. Teachers cannot have a certification or licensure waived on an emergency, temporary, or provisional basis. Teachers must have a bachelor's degree. New elementary school teachers must pass a rigorous state test and have subject knowledge and teaching skills in reading, writing, mathematics, and other areas of basic elementary school curriculum. New middle/high school teachers have to pass a rigorous state test, successfully complete each academic subject in which the teachers teaches, have an academic major, a graduate degree or course work equivalent to an undergraduate academic major and/or advanced certification or credentials. For Title 1 schools, this applies immediately for those hired on or after the first day of the school year 2002-03 and for all teachers by 2005-06. For the State of Montana, all teachers teaching "core academic" subjects including English, reading, math, science, foreign language, civics/government, economics, arts, history, and geography must have met these criteria by the end of 2005-06.

Qualified Paraprofessionals—This refers to any paraprofessional hired after January 8, 2002, and states that he/she must have completed at least two years of study at an institution of higher education, obtained an associate's degree or higher, or have passed a state or local assessment designed to demon-

strate knowledge of, and the ability to assist with, instruction in reading, writing or math. This applies to all paraprofessionals working in programs receiving Title 1 funds. Currently employed paraprofessionals have four years (by January 2006) to meet the new qualifications. All paraprofessionals must have a high school diploma or GED, must provide instruction only under the direct supervision of a "highly qualified" teacher.

Greater Flexibility - Purpose—"Transferability" is a new flexibility provision that allows state and local education agencies to transfer a portion of certain federal funds to specific programs. Transferability provisions depend upon the status of individual districts. Transferred funds are designed for professional development, technology training, safe and drug free school improvement and innovative education.

Putting it All Together—The challenge will be for state and local education agencies to put this law into practice. To help make it possible, the Board of Public Education established a goal that will require all school districts to develop, implement, evaluate and revise a single five-year comprehensive education plan in order to ensure continuous education improvement for all students and all schools. The Office of Public Instruction is currently working with Montana educators on the draft template for the Five-Year Comprehensive Education Plan.



Transition to Kindergarten










The transition to formal schooling is a landmark event for millions of children, families and educators. New research, however, indicates that the transition practices commonly used in schools may not be well suited to the needs of children and families. This 4-page policy brief outlines key issues in preparing children for formal schooling, examines current practices, and makes policy recommendations. Accompanying the policy brief is a two-page fact sheet.

<http://www.fpg.unc.edu/~ncedl/PAGES/prdcts.htm#BriefsAnchor>

Capacity Building in Schools

While there is widespread support for policies and practices to improve the capabilities of educators, less attention has been paid to the crucial question of whether the central offices of school districts are in position to provide such support. If they lack the capacity to enhance the knowledge and skills of teachers and school leaders and to build new structures for ongoing support within schools, the goal of high-quality teaching and leadership is unlikely to be reached. While other entities can provide some support, few can do so on the scale of the central offices. This newsletter from the Annenberg Institute for School Reform shares a variety of ideas on building district capacity and assessing school district central offices.

http://www.schoolcommunities.org/SCtW_newsletter_v2_n1.html

 Learn More About Us	 Website Resources www.state.mt.us/prc
<p>Prevention Resource Center assists Montana communities with</p> <ul style="list-style-type: none"> ➤ Comprehensive prevention planning, ➤ Supports efforts of the Interagency Coordinating Council for State Prevention Programs, ➤ Oversees the Prevention Resource Center VISTA project, and ➤ Provides resources. <p>Interagency Coordinating Council Created by Legislative statute in 1993 the council was established to create and sustain a coordinated, comprehensive system of prevention services in the state of Montana. Administratively attached to the Governor's office council memberships comprise state agency directors and community members who work to prevent:</p> <ul style="list-style-type: none"> ➤ Child Abuse and Neglect ➤ Youth use of tobacco, alcohol, and other drugs ➤ Youth violence and crime ➤ School dropout ➤ Teen pregnancy and STDs.  <p>Prevention Connection Newsletter The PRC publishes a quarterly professional publication regarding contemporary prevention issues.</p>	<p> Grant Information. Looking for funds? Start here, browse through 3 types of funding sources for different on-going grant opportunities.</p> <p> Link to on-line resources dealing with prevention of youth risk behaviors.</p> <p> Find data and statistics essential for writing grants, planning programs, carrying out needs assessments, monitoring progress and many other areas.</p> <p> HOT NEWS: Sign up to receive weekly news on current events in prevention and youth risk behavior.</p> <p> Training Calendar. Learn about upcoming State and National Trainings.</p> <p> State Resource Directory. Want to know more about State Prevention Programs? An interactive directory state resource directory is available to aid communities in utilizing prevention resources.</p>



AmeriCorps*VISTA

www.americorps.org

What is the PRC AmeriCorps*VISTA project?

The Prevention Resource Center partners the ICC's prevention policy-making efforts with AmeriCorps* Volunteers in Service to America (VISTA) to build community infrastructure for planning and implementing prevention programs.

Why would my community apply for a VISTA?

If you are interested in sponsoring a PRC AmeriCorps*VISTA in your community to work on prevention coalition building, needs assessments, volunteer recruitment, resource development, and impact evaluation. The Prevention Resource Center recruits sites twice a year, for VISTAs starting there one-year commitment in January or July. There is a minimal cost share.

What does it mean to be a VISTA?

Applicants should possess these qualities:

- Excellent written, oral and interpersonal skills
- Experience in organizational relations and small group processes
- Demonstrated initiative, motivation, and the ability to work independently of supervision
- It is preferred that VISTAs have a college degree and personal transportation.

Become an AmeriCorps*VISTA member.

The BENEFITS are:

- a monthly living allowance of **\$740**
- **travel** and **relocation** to site and to home of record upon service completion
- an **educational award** of \$4,725 at the end of service, to pay for tuition or loans
- comprehensive **medical insurance**
- Relevant **training** and **career development** opportunities

If you want more information or an application to apply visit us our website at www.state.mt.us/prc or call us at (406) 444-5986, 444-3925.



The Four-State FAS Consortium

By Marjean Magraw, Coordinator

Resources on the Web

Governor's Office—

State Workforce Board

<http://www.state.mt.us/gov2/css/boards/workforce/default.asp>

The National League of Cities

http://www.nlc.org/nlc_org/site/programs/workforce_development/index.cfm

Montana League of Cities and Towns

<http://www.mlct.org/index.htm#whatisleague>

Montana Association of Counties

<http://maco.cog.mt.us/>

The new JobLINC Community

Resource Directory

http://www.mtjoblinc.com/community_resources.htm

Preparing America's Future from the

Office of Vocational and Adult Education

<http://www.ed.gov/offices/OVAE/paf.html>

Fetal Alcohol Syndrome (FAS) is 100 percent preventable and yet is the number one cause of mental retardation. FAS and other disabilities such as Alcohol Related Neurodevelopmental Disorders (ARND) are caused by mothers who drink alcohol during pregnancy. Montana is currently involved in a project with North Dakota, South Dakota, and Minnesota aimed at preventing the incidence of FAS and ARND. The project was initiated in 1996 at a meeting of the lieutenant governors of the involved states. South Dakota's Senator Daschle was instrumental in championing the topic of FAS prevention and succeeded in developing and passing legislation to fund what is now the Four State FAS Consortium. The project is administered by the Center for Substance Abuse Prevention (CSAP) in the Substance Abuse and Mental Health Services Administration of Health and Human Services. The project is funded through September 2003.

Through a cooperative agreement with CSAP, the four states have embarked upon a coordinated program with three primary objectives:

1. Develop and evaluate the formation and operations of four state consortium and develop statewide advisory councils.
2. Develop a clinical and epidemiological information system.
3. Implement and test scientifically defensible prevention interventions in high risk areas to see how effective they are in preventing, reducing or delaying substance use that causes FAS and other harmful effects to a developing fetus.

In Montana, the pilot FAS prevention intervention under objective three was linked with established public health programs that provide outreach to pregnant women at risk for poor birth outcomes. The intervention utilizes a "lay home visitor" to provide intensive weekly visits to a random sample of prenatal clients, all of whom have agreed to participate. The home visitor provides support and makes referrals to an existing case management team for

professional services such as nursing care or social services. The home visitor also provides prevention activities and works with the client's individual needs to help her build supportive relationships and access the services she may need to promote a healthy pregnancy. To date, the lay home visitors have reported that the program is well received and that they are helping women with multiple risk factors find positive ways to cope with stressors and to avoid alcohol and other harmful substances during pregnancy. Though current data is preliminary, complete findings will be reported in October 2003.

Pilot sites for the program include Cascade County, Flathead County, the Blackfeet Reservation, and the Fort Peck Reservation. The intervention began in February 2002. Piloting intervention will help establish effective and affordable prevention efforts for pregnant women in our rural state.

For more information on the Four State FAS Consortium project visit the website: www.usd.edu/fourstatefasconsortium or call Marjean Magraw, FAS Coordinator at (406)444-6928.



"The moral test of government is how it treats those who are in the dawn of life, the children; those who are in the twilight of life, the elderly; and those who are in the shadow of life—the sick, the needy, and the handicapped."

***—Hubert Humphrey
Last Speech
Washington, DC
November 1, 1977***

A Call to Action

By Senator Duane Grimes, Chairman
Alcohol, Tobacco and Other Drug Control Policy Task Force

Montana youth have the second highest rate in the nation of illicit drug use, the fourth highest rate of alcohol use and the sixth highest rate of tobacco use. The Office of National Drug Control Policy recognized Montana as one of eight states with the most serious and active threat from methamphetamine. Simply said, we are not effectively preventing Montana youth from engaging in harmful and illegal activities.

Montana spent \$256 million from the 1998 state budget on dealing with the repercussions of substance abuse.

What should we do?

That is part of the \$256 million question posed to the twenty-person Alcohol, Tobacco and Other Drug Control Policy Task Force appointed by Governor Judy Martz and Attorney General Mike McGrath. The task force's eight month effort is supported through a U.S Department of Justice, Edward Byrne Memorial Block Grant. The \$62,505 grant was solicited by—and subsequently administered by—the Montana Board of Crime Control.

Task force members represent the diversity of interests and issues surrounding substance abuse in Montana. Members come from all over the state and bring expertise from law enforcement, treatment, prevention, tribal sovereignty, health care, the legislature, business and victim advocates. By bringing such a diverse group of people and interests to the table to share their expertise, concerns and interests, the

Governor and the Attorney General have provided the environment necessary to produce sound and lasting recommendations to address the costly substance abuse issues troubling our state.

Since the first meeting of the task force in February 2002, members have been gathering information, learning from one another and listening to other experts and the public. Based on this information, the Alcohol, Tobacco and Other Drug Control Policy Task Force has compiled a draft "Working Document" containing a *Preliminary Current Situation Assessment*. The document and other information about the task force is available at: (www.discoveringmontana.com:/gov2/css/drugcontrol/default.asp).

The task force has developed desired outcomes and is currently working to craft the integrated strategy and policy recommendations necessary to reach those outcomes. Once completed, drafts of their recommendations will also be available on the web site for review and comment.

The call to action is stridently clear, the challenge formidable. Task force members along with dedicated professionals and interested citizens throughout the state are working diligently to answer the call. Your input to the process is welcomed and appreciated.

Comments and input are encouraged and can be sent to:

Alcohol, Tobacco and Other Drug
Control Policy Task Force
C/O AQuest ~ Collaborative Solutions
671 Fieldstone Drive
Corvallis, MT 59828
or to: smack.aquest@onewest.net

*Alcohol, Tobacco and Other Drug
Control Policy Task Force meetings
have been held around the state.*

*The remaining meetings are
scheduled for July 18 - 19 in
Bozeman and August 14 - 15 in
Helena.*

National Priorities Project Database

<http://database.nationalpriorities.org/>

*This database offers state data on
socio-economic needs and federal
expenditures, and allows you to create
customized tables, graphs and reports.*

*The database is free of charge,
although after your first visit you will be
asked to register. Registration is free.*

HOT NEWS

Want to stay on the cutting edge of prevention?

Sign up for the Prevention Resource Center's *Hot News* and get the latest on youth risk behavior, prevention strategies, funding opportunities, community development and more.

Get connected every Friday afternoon.

Sign up at www.state.mt.us/prc/resources/Hot_News.htm!

Montana Nonprofit Association

The Montana Nonprofit Association (MNA) is a new statewide association of 501(c)(3) nonprofit organizations. MNA's mission is to strengthen the leadership, skills, effectiveness, and efficiency of Montana's nonprofits, enabling them to further enrich the quality of community and personal life in Montana. MNA promotes a stronger nonprofit sector and supportive public climate through research, education, training, public policy advocacy, access to affordable goods and services, and special projects.

An 18-member founding Board of Directors is currently leading the development of the association. A Charter Membership recruitment campaign is underway, and by mid-May more than 130 Montana nonprofits have affiliated. MNA's Board is working hard to develop this new organization, with goals of attaining 501(c)(3)

status by fall, as well as start-up funding, initial staffing, an office, and initial programs. Big Sky Institute for the Advancement of Nonprofits is incubating the development of the organization, serving as fiscal agent as well as providing office space and staff support until MNA is ready to spin off as an independent entity later this year.

A major function of MNA will be group purchasing of a wide array of goods and services for member organizations at discounted prices. Employee health insurance is the number one priority for MNA, and a major initiative has been launched. (See *Montana Nonprofit Health Insurance Initiative* article, page 17) MNA's Member Services Committee is also investigating additional services to make available to members, including low-cost teleconferencing and a cost-savings program for unemployment insurance.

One major area of need identified in town meetings with nonprofits across the

state last year was a unified voice for the nonprofit sector on matters of public policy. MNA's public policy committee is working with David Gibson of the Montana Office of Economic Opportunity for his office's to focus on the Montana nonprofit sector. The goal is to include specific policies and initiatives within the state's new comprehensive economic development plan that would be beneficial to nonprofit organizations, which constitute the fifth largest source of wages in the Montana economy. During the summer, a MNA Public Policy Committee will investigate possible initiatives to bring to the Montana Legislature in January of 2003. Specific proposals will be presented at the annual members' conference in October.

Montana Nonprofit Association
P.O. Box 1744
Helena, MT 59624
406-443-5860

For additional information, contact Mike Schechtman at 406/443-5860.

MNA will hold its first members' conference October 11- 12, 2002 at the GranTree Inn in Bozeman. The conference will offer a diverse array of training sessions on such topics as fundraising, financial management, board development, and issue advocacy. On October 10, there will be a pre-conference seminar for new Executive Directors, also at the GranTree Inn, focusing on basic skills for effectively administering a nonprofit organization.

MNA Health Insurance Initiative

The Montana Nonprofit Association (MNA) is leading the way for small non-profits with the *Montana Nonprofit Health Insurance Initiative*. The goal is to develop affordable health insurance coverage for MNA's member organizations, with a particular focus on addressing the needs of the uninsured. This initiative will also help make insurance available for nonprofits currently unable to offer their employees health insurance.

The project is guided by an outstanding advisory committee that includes representatives from nonprofit organizations, the Montana Commissioner of Insurance, the Montana Department of Public Health and Human Services, the insurance industry, hospitals, and the medical community. In June 2002, a detailed survey will be sent to approximately 1,400 Montana 501(c)(3) organizations. Results will be used to build a comprehensive picture of the kind of health coverage currently offered to employees and their families. The survey will

also establish priority needs and concerns, and for those organizations that do not provide health insurance, the barriers and/or reasons why coverage isn't offered. Additional research will be conducted to gather information and advice from Montana associations that provide health insurance for their members, as well as from statewide nonprofit associations in other states that provide health insurance to their member organizations.

The desired target for this initiative is to have health insurance coverage for MNA member organizations available by January 2003, although various procedural considerations may preclude initiating coverage until January 2004.

For information about becoming a charter member of MNA or to learn more about the insurance initiative, contact Mike Schechtman of Big Sky Institute for the Advancement of Nonprofits (BSI) at 406-443-5860 or by e-mail at Bigskyin@MT.net

Tools for Montana's Tribes

Eighty representatives from American Indian tribes in five states learned the nuts and bolts of successful grantwriting at a five-day workshop held in Great Falls in May. The workshop focused on securing funds for the human service programs essential to economic development.

"Social issues and economic development go hand-in-hand," said George Heavy Runner, who works in the Blackfeet Tribe's planning office. "It's important to deal with issues, including substances abuse, along with other poverty issues."

Nora Longknife of the Chemical Dependence Center on the Fort Belknap Reservation said it was nice to have instant access to experts who have been through the trial and errors of grant writing.

Montana's tribes will also have a valuable new tool for use when preparing grants

for human services programs. The Center for Substance Abuse Treatment released a comprehensive report in July on the need for substance abuse treatment on each reservation in the state. According to Phyllis MacMillan, Administrative Officer of the Montana DPHHS Addictive and Mental Disorders Division, this is the first time such extensive data has been gathered.

Training was conducted by staff members from the Substance Abuse and Mental Health Services Administration, part of the United States Department of Health and Human Services. Sponsors included the Governor's Office of Indian Affairs, the state Addictive and Mental Disorders Division, the Montana Board of Crime Control, the Montana-Wyoming Tribal Leaders Council and the Montana Association of Alcoholism and Drug Abuse Counselors Association.

Gratefully excerpted from "Tribes Learning Grant Writing" by Jo Dee Black, *Great Falls Tribune*; May 2002.

In-Care Network, a Montana-based, non-profit 501(c)(3) corporation, is dedicated to the well-being of the American Indian child, which is achieved and maintained through the balance of the mind, body and spirit. For more information, visit <http://incarenetwork.com> or see "Meeting the Health Care Needs of Children in the Foster Care System" at <http://www.georgetown.edu/research/gucdc/fcfsmontana.pdf>

Beyond the Pipe

By Dyani Bingham, Vision Seeker Coordinator

Lights . . . camera . . . action! So they say in the glamorous world of movie making. What they *don't* tell you is that you have to keep on saying it over and over and over again.

Three Vision Seeker youth—Elouiez Seminole, Keenan Jefferson and Angie Desjarlais—are learning that this glamorous world is not really glamorous at all—that mostly it is just a lot of hard work. Ultimately, though, all the hard work has been worth it. The work has resulted in ***Beyond the Pipe***, a tobacco prevention film made by In-Care Network. The film explores the traditional uses of tobacco as opposed to modern day abuses of cigarette tobacco.

Beyond the Pipe is unique because it incorporates documentary-style interviews with Native American elders sharing their knowledge of traditional tobacco use among their tribes with dramatizations of the modern-day peer pressure most youth experience.

This film is different because it does not focus on the health issues surrounding tobacco addiction, but on the value of friendship, culture and tradition—and how commercial tobacco abuse undermines those values. The philosophy that drove the film was extremely important because it relied on cultural belief.

If you would like more information about this project or about obtaining a copy of the video please contact:

*Dyani Bingham,
Vision Seeker Coordinator
In-Care Network, Inc.
2906 2nd Avenue North #316
Billings, MT 59101
(406) 259-9616*



"The Creator has made all things for our use. He has loaned to us many special things. The First Maker's gifts have been used to symbolize a way of life. The Pipe has significance beyond its physical state. It represents a rich heritage with many values and principles by which we live and use as we walk our own path. This belief system goes beyond the pipe and is eternal."

The Role of Social Norms Marketing in Policy Development

By Jamie Cornish, Ph.D., Project Manager, Montana Social Norms Project
Health & Human Development Department, Montana State University-Bozeman

Kudos!

Kirk Astroth was recently appointed to represent 4-H on the Program Group of the National Collaboration for Youth (NCY). The group meets three times annually to consider issues such as civic engagement and strengthening the youth development profession. This link should strengthen the Montana Collaboration for Youth and provide insights into the current issues being discussed on the national scene.

Contact information:

Kirk Astroth
Extension 4-H Specialist
Montana State University
4-H Center for Youth Development
210 Taylor Hall
Bozeman, MT 59717
kastroth@montana.edu
(406) 994-5691 (phone)

Traditionally considered a means of impacting individual behavior, social norms marketing also has a role to play in the advancement of health policy. The use of social norms marketing can provide a better understanding of the public's support for policies and ultimately build support for health and safety initiatives.

Social norms marketing is founded on the idea that much of people's behavior is influenced by their perception of how others behave. All too often, these perceptions are incorrect. If people perceive that the majority of their peers are engaging in harmful behaviors, they will be more likely to do so themselves. Once a target group knows that positive behavior is typical among their peers, research shows that behavior will be affected in a positive way.

In Montana, MOST of Us® Campaigns based on social norms marketing have been successful in producing statistically significant results in several areas: preventing teen experimentation with tobacco; increasing protective factors among young adults with regard to drinking and driving; and increasing seat belt usage among people aged 18 through 80.

People often misperceive the level of public support for policies, much as they misperceive behavior. People can, however, be awakened to the realization that strong community support exists for certain laws. When people recognize that the majority backs their views and actions, they are more likely to speak and act in ways that make a difference. Social norms marketing can act as a catalyst for systemic change by shifting public perception.

Commonly held misperceptions – including those holding that most Montanans oppose certain health regulations – can be challenged. Research results show that laws regarding Blood Alcohol Content (BAC) limits and smoke-free workplaces lag behind the Montana culture, which in many cases supports stricter regulations to safeguard health.

The Montana Social Norms Project, a health promotion and education project at Montana State University, researched the

question of how supportive the public really is of a change from a 0.10 BAC legal limit to 0.08. A November 2001 survey of 1,000 Montanans aged 21 to 34 reveals that more than two-thirds support the change. This is the very segment of the population most likely to drink and drive. Older adults are likely to support the change as well, because research shows that older segments of the population are more apt to support stricter laws in general.

Interestingly, this survey also reveals misperceptions regarding others' support for this change. While the majority of young adults in Montana support the change, they do not believe their peers feel the same way. The same 1,000 respondents reported believing that, on average, only a third of 21- to 34-year-old Montanans would support changing the legal limit to 0.08. There is a nearly opposite relationship between what people actually support and what they *think* their peers support.

The U.S. Centers for Disease Control and Prevention conducted a study in year 2000 to measure support for smoke-free workplace laws in each of the 50 states. The results of the 2002 Behavior Risk Factor Surveillance System show that 63 percent of Montanans favor smoke-free workplaces. This support for laws that protect workers from the effects of second-hand smoke is evident at the local level. In a February 2000 opinion poll of Lewis and Clark County residents on second hand smoke, 84 percent responded, "Helena should adopt a policy that prohibits smoking in workplaces." A tobacco use prevention citizens group in Bozeman conducted a similar poll in June 2000 and found that "86 percent of Bozeman area residents agree that Bozeman should adopt a policy that prohibits smoking in workplaces."

Although there is a perception that stricter laws would face heavy resistance in Montana, the evidence indicates they would not. An accurate understanding of Montanans' beliefs and behaviors removes an assumed opposition and clears the path to establishing laws that accurately reflect the will of the public.

For more information, visit the Montana Social Norms website at <http://www.mostofus.org>.

Research and Practice

Clean Indoor Air Policy

A recent study by Juanna Dearlove and Stanton Glantz considered the tobacco industry's strategies for opposing health board actions and identified elements necessary for public health to prevail. The authors reviewed newspaper articles, personal interviews, and tobacco industry documents released through litigation.

This research identified twenty-five instances in which the tobacco industry opposed health board regulations. The study determined that the tobacco industry uses three strategies against health boards: "accommodation" (tobacco industry public relations campaigns to accommodate smokers in public places), legislative intervention, and litigation. These strategies are often executed with the help of tobacco industry front groups or allies in the hospitality industry.

The study concluded that although many tobacco control advocates believe that passing health board regulations is

easier than the legislative route, this is generally not the case. The industry will often attempt to involve the legislature in fighting the regulations, forcing advocates to fight a battle on two fronts. It is important for health boards to verify their authority over smoking restrictions and refrain from considering non-health factors (including industry claims of adverse economic impacts) in order to withstand court challenges.

The authors are with the Institute for Health Policy Studies, Department of Medicine, University of California, San Francisco.

Requests for reprints should be sent to Stanton A. Glantz, PhD, Box 0130, University of California, San Francisco, CA 94143-0130 or by e-mail: glantz@medicine.ucsf.edu.)

Source:

— Juanna V. Dearlove, BA and Stanton A. Glantz, Ph.D. *American Journal of Public Health*, Feb. 1, 2002

PRC Web Philosophy *The Stars of the Information Universe*

By Ryan Smart, PRC VISTA

Over the past several years, formatting Internet websites and web technology has blossomed from a read-only format to an interactive, intercommunicative system of information sharing. This is no surprise given our "grab-n-go" culture and our busy schedules. An informational website—such as the PRC's—must be user friendly and accessible, which translates into a high level of interactivity. Users need to be able to choose what they read and be able to access summarized information provided in a clear, accurate and concise manner. The PRC's web-based information dissemination system follows this model of simplicity, interactivity and succinctness. As we strive to make it more user friendly,

our goal is to see more people use it to gather meaningful information. This outcome will be indicated by the number of "hits" the website gets through time.

Given this model for a web-based information dissemination system, we believe that it is the responsibility of those working in the PRC to carefully select the "stars" of the information universe, funnel them through a selective screen and allow only the most usable and noteworthy forms of data, information and resources to be dropped into the figurative prevention "bucket of know-how." We invite you to use the revamped and updated website at: www.state.mt.us/prevention.

—Ryan Smart builds and maintains the Prevention Resource Center website. For more information, contact Ryan at 444-9654 or at rsmart@state.mt.us.

The SmokeLess States National Tobacco Policy Initiative is a private sector effort that supports activities of statewide coalitions working to improve the tobacco policy environment with the goal of reducing tobacco use. The Initiative is a collaborative effort among the nation's largest philanthropy devoted exclusively to health and health care—The Robert Wood Johnson Foundation (RWJF)—the nation's largest physician group—the American Medical Association (AMA)—and statewide coalitions receiving the grants. The SmokeLess States web location is: <http://www.ama-assn.org/ama/pub/category/3230.html>

For Montana specifics:

Project Director: David McAlpin

Coalition: Protect Montana Kids

Lead Agency: American Cancer Society, Northwest Division

Address: 3550 Mullan Road, Suite 105
Missoula, Montana 59808

Email: Dave.McAlpin@cancer.org

Web site: www.protectmontanakids.org

Investing In Tobacco Control:

A Guide for State Decision-makers

http://www.cdc.gov/tobacco/ntcp_exchange/training_events/resources.htm

Faith-Based Initiatives

*The Bush Administration - Faith-Based
& Community Initiatives*

<http://usinfo.state.gov/usa/faith/>

*Includes links to the reports **Unlevel
Playing Field: Barriers to Participa-
tion by Faith-Based and Community
Organizations in Federal Social
Service Programs and Rallying the
Armies of Compassion.***

*Call to Renewal
People of faith overcoming poverty.
www.calltorenewal.com*

*Charitable Choice
This comprehensive, well-organized
resource from the Center for Public
Justice includes news, FAQs, resources
and more all on the topic of faith-based
and community initiatives.
www.cpjustice.org/charitablechoice/*

*Unleashing the Potential of
Faith-Based Initiatives
From The Empowerment Network, a
resource hub for civic leaders con-
cerned with community renewal.
[www.empowermentnetwork.com/
policy/platform2.htm](http://www.empowermentnetwork.com/policy/platform2.htm)*

*Faith-Based & Community Initiatives
Information to help Faith-Based and
Community Initiatives apply for
competitive Federal funding.
www.faithbasedcommunityinitiatives.org/*

*Good Works Coalition
Showcases successful faith-based
programs around the country
www.goodworkscoalition.com*

*HUD's Center for Faith-Based and
Community Initiatives
www.hud.gov/offices/fbci/index.cfm*

*Welfare Information Network—
Faith-Based Involvement
Provides links to research and policy
analysis on Charitable Choice.
www.welfareinfo.org/faithbase.asp*

Early Care and Education

By Becky Ruth, AmeriCorps VISTA, Head Start State Collaboration Office

Recently, the federal government outlined new priorities for Early Care and Education programs, which include initiatives dealing with fatherhood, healthy marriage, faith-based/community, positive youth development, welfare reform, early literacy, rural and prevention issues.

In order to address these initiatives, Head Start and Early Head Start programs (HS&EHS) and Child Care Resource and Referral Agencies (CCR&R), have begun working with the AmeriCorps VISTA project. Community agencies will identify needs and set priorities in areas targeted by federal initiatives. Once that has occurred, they will apply for AmeriCorps volunteers, who will assist with project implementation.

Summary of Federal Initiatives

The *Fatherhood Initiative* strives to improve the lives of children through the active participation of fathers or father figures. The Fatherhood Initiative supports the belief that fathers and father figures are an important component of a child's life and beneficial to a child and a healthy family.

Healthy marriages and positive relationships create healthy environments for children. Early care and education programs can incorporate counseling services, parent education programs, and other skill-building activities. These activities are geared to the promotion of the healthy marriages and relationships that enhance child well-being.

Faith-based organizations and other community services can be extremely valuable to early care and education programs. Fundraising and marital classes are only some of the ways faith-based organizations can be involved with early childhood programs.

Youth are an extremely valuable resource to their communities. Early care and education programs can provide a safe environments where youth can develop positive relationships. Partnering with local youth organizations in the community can expand the opportunities for all.

The *Federal Welfare Reform Act Initiative* is geared to providing parent education programs, information about assistance for families, opportunities for learning job skills, and support for the formation and maintenance of two-parent families. All are

means to include welfare reform in early childhood programs.

Improving literacy skills can change attitudes for children and parents. Children exposed to early literacy activities are less likely to have difficulty with reading later on. Various early care and education programs collaborate with organizations such as Even Start and Literacy Volunteers.

Rural families and communities have needs distinct from those of other communities. This is especially pertinent here in Montana where 2000 Census data showed 902,195 residents scattered over a vast geographic area. According to county demographic profiles, over 80 percent of Montana's communities have populations of less than 3,000 people. Ninety-six percent of Montana's 56 counties are designated frontier or rural by federal definition (typically meaning fewer than seven persons per square mile).¹ Transportation, poverty, health concerns, lack of employment opportunities, and lack of adequate housing are some of the challenges faced by rural communities.

Prevention programs encourage healthy lifestyles that exclude the use of tobacco, alcohol, and other drugs, support education and the overall well being of parents and children.

Head Start, Early Head Start, and Child Care Resource and Referrals see these initiatives partially as an opportunity to document what early care and education programs are already doing. The initiatives weave the strengths that define best practices in early care and education and pull communities together. The goals are to ensure that programs work together, that communities have a strong volunteer base, and that communities and services are strengthened.

For more information, contact Mary Jane Standaert of the Head Start State Collaboration Office—(406) 444-0589 or mstandaert@state.mt.us. Becky Ruth, AmeriCorps VISTA—(406) 444-7067 or bruth@state.mt.us or your local Head Start, Early Head Start, or Child Care Resource and Referral agency for more information or to share ideas.

¹ Zauher, John. "TELEHEALTH IN MONTANA." Mansfield Center for Pacific Affairs. <http://www.mcpa.org/programs/Zauher2.pdf>

Safe Kids/Safe Communities

By Mike Cooney, Executive Director, Healthy Mothers, Healthy Babies

A new statewide project focuses on occupant protection with an emphasis on child passenger safety and impaired driving. The purpose of the project is to prevent injury and death caused by traffic crashes, specifically those caused by impaired driving or lack of appropriate occupant protection.

Healthy Mothers, Healthy Babies, The Montana Coalition (HMHB), is the designated lead agency for the new Montana Safe Kids/Safe Communities Project (SKSC). HMHB, Montana Department of Transportation (DOT) and the Montana Safe Kids Statewide Advisory Board began work a year ago to plan the work and scope of this project and then to supervise the Request for Proposals (RFP) process. A statewide SKSC Kickoff meeting was held in Helena on September 17, 2001. The agenda was to present the project and the RFP to participants from 26 pre-selected counties.

Following the 2001 Legislative session, the Montana DOT allocated National Highway Traffic Safety Administration (NHTSA) funding that supports occupant protection and impaired driving prevention. The idea was to combine resources from federal and supplemental funding for Child Passenger Safety (CPS) Checkups, Permanent CPS Fitting Stations and Certified CPS Technician Training through the National Safe Kids Campaign, a private organization. Healthy Mothers, Healthy Babies, as the Montana State Safe Kids Coalition, felt that combining these two resources would enable local communities to support community-based coalitions to do the work of both organizations, the nature of which dovetails nicely.

We are very excited about the Safe Kids/Safe Communities Project and the potential to truly have a positive impact on the lives of Montanans. The idea of combining resources has also elicited positive response and interest from the funding sources involved at the national level. NHTSA and National Safe Kids report that they are unaware of any other state employing this tactic and that Montana may well become a model for other states. They applaud the concept of the "true" community-based coa-

Healthy Mothers, Healthy Babies, The Montana Coalition

lition that is the driving force behind this project—a coalition representing agencies and businesses whose letters of support don't simply state the fact of support, but the *intent* of support in the form of goods, services or time to be donated to the work of the project in their community.

For information on the particular programs of each coalition, contact Mike Cooney, Executive Director of HMHB, mcooney@hmhb-mt.org or Patty Carrell, SKSC Project Coordinator, pattycarrell@hotmail.com or by phone at 406-449-8611. And be sure to check out our website at www.hmhb-mt.org.

Seventeen local Safe Kids/Safe Communities Project coalitions were launched January 1, 2002. They include:

- Bitterroot;
- Butte Silver Bow;
- Cascade County;
- Central Montana;
- Custer County;
- Daniels County;
- Dawson County;
- Flathead Valley;
- Fort Belknap;
- Gallatin County;
- Hill County;
- Lincoln County;
- Missoula County;
- Northeastern Montana;
- Lake County and Flathead Reservation;
- Tri-County; and
- Yellowstone County.

5 ICC Goals



Reduce child abuse and neglect by promoting child safety and healthy family functioning.



Reduce youth use of tobacco, alcohol and other drugs by promoting alternative activities and health lifestyles.



Reduce youth violence and crime by promoting the safety of all citizens.



Increase the percentage of Montana high school students who successfully transition from school to work, post-secondary education, training and/or the military.



Reduce teen pregnancy and sexually transmitted diseases by promoting the concept that sexual activity, pregnancy and child rearing are serious responsibilities.

"We do make a difference—one way or the other. We are responsible for the impact of our lives. Whatever we do with whatever we have, we leave behind us a legacy for those who follow."

Stephen Covey

Editor's Note:

With thanks to Jan Lombardi, Coordinator of the Prevention Resource Center. It has been a privilege and a pleasure to watch you build a legacy that will continue to make a difference.

Survey Indicates Marriage Initiative Enjoys Tremendous Public Support

WASHINGTON, D.C., May 9, 2002

Two out three Americans agree that having parents who get and stay married is "very important" for children in low-income, single parent households, according to survey results released today by the Coalition for Marriage, Family and Couples Education, a nonpartisan, nonsectarian, Washington-based organization.

The nationally representative survey of 1,016 Americans 18 years and older was commissioned by family scholar, Maggie Gallagher, and conducted in May by Opinion Research Corporation. The conviction that poor children would benefit from the marriage of their parents was shared equally across all racial, regional, income and education categories.

"This survey shows that for most Americans, support for marriage is not a controversial idea- it clearly cuts across racial, ethnic, and class lines," says Diane Sollee, director of the Coalition for Marriage, Family and Couples Education.

Marriage, Child Well-Being and Government Policy

By Hank Hudson, Administrator, Human and Community Services Division
Department of Public Health and Human Services

Congress is currently debating the topic of welfare reform as they prepare to reauthorize the 1995 law that dramatically changed America's public assistance system. Marriage, and how public policy should address marriage, is receiving a great deal of attention.

Some people object to this issue being subjected to political debate. They note that marriage is a very personal issue not well served by the broad generalizations of partisan debate. For some, politicizing marriage hints at a return to prior patriarchal attitudes and ignores the dark side of unsuccessful marriage, including domestic violence and child abuse. For some it is simply no one else's business.

On the other side of this debate, proponents of marriage point to a large amount of research that demonstrates the benefits of this institution. This research indicates that marriage is good for children. Children with two parents living together have better economic, social and psychological health. Of course, this conclusion depends on the parents having a reasonably cooperative and caring relationship, and is a general conclusion that does not preclude the possibility of some children doing very well in single parent homes.

Faced with these two points of view what should those of us involved in prevention activities and public policy do to engage the "marriage" issue? Here are a few suggestions.

- Continue to reduce the number of unplanned, out-of-wedlock child-births, especially to teenage parents.
- Provide assistance to couples who want to marry and stay married. Society should never force people to marry, but there are services that can be offered to increase the likelihood of success for those who want to stay married. Pre-marriage counseling and access to knowledge about the skills needed to maintain long-term relationships should be available to all couples.

— Ensure the economic viability of young couples. Review tax policies and public programs to remove marriage penalties. Encourage responsible fatherhood and effective child support collection systems. Montana is fortunate to have a good child support enforcement system and we should support it.

— Continue our Montana commitment to family strengthening and home visiting programs for fragile families.

Finally, we need to avoid polarization in our efforts to support families. Marriage remains one of the most influential institutions in regard to child well-being and social stability. There is room for diversity and flexibility, but for those who want to marry and raise children as a family, our public policies should be supportive.

Assessing Policies To Promote Marriage Among Fragile Families

What works best to encourage marriage among low-income and fragile families: Higher cash benefits, more liberal acceptance of welfare applications, more effective child support enforcement or efforts to increase education and employment of low-income parents? Actually, the father's employment status outweighs the effects of all these other approaches, according to this report from the Princeton Center for Research on Child Well-Being.

<http://crcw.princeton.edu/rh/WP02-02-FF-Mincy.pdf>

Workforce Investment Act of 1998

By Connie Kinsey, Statewide WIA Program Manager

Montana implemented the Workforce Investment Act (WIA) on July 1, 2000 and administers WIA Title IB adult, youth and dislocated worker programs.

The Workforce Investment Act brought three major changes to the youth program:

- Local workforce areas gained greater discretion in determining how to plan services and allocate resources to serve youth;
- There was no longer a stand alone summer youth program; and
- At least 30 percent of expended funds must be on out-of-school youth.

Those eligible for the youth program are low-income as defined in the WIA, between the ages of 14-21, and fall into one or more of the following categories: deficient in basic skills; school dropout; homeless, runaway, or foster child; pregnant or parenting; offender; or require additional assistance to complete an educational program or to secure and hold employment. This includes those with disabilities.

Obviously, not all youth in need of workforce services meet the income criteria. For that reason, WIA law and regulations allow youth providers to serve up to five percent of youth who do not meet the income criteria, provided they fall into one of the first five categories listed above or possess one or more disabilities including learning disabilities, are one or more grade levels below that appropriate to the individual's age or face serious barriers to employment as identified by the local board.

WIA considers youth age 14-18 as younger youth and youth age 19-21 older youth. WIA requires ten program elements be made available to youth participants:

1. Tutoring, study skills training, and instruction leading to secondary school completion;
2. Alternative secondary school offerings;
3. Summer employment opportunities

directly linked to academic and occupational learning;

4. Paid/unpaid work experience;
5. Occupational skills training;
6. Leadership development opportunities;
7. Supportive services;
8. Adult mentoring
9. Follow-up services; and
10. Comprehensive guidance and counseling

WIA also requires that youth councils be established. The councils' responsibilities include providing expertise in youth policy, establishing linkages with other organizations and integrating all workforce development programs serving youth. Montana has two youth councils, the Balance of State and the Concentrated Employment Program. Membership includes representatives of youth employment and training agencies and other programs related to youth activities, law enforcement, adult education, juvenile justice, Job Corps, post-secondary education, public housing, past/present youth program participants and parents of youth participants.

Montana currently has ten youth service providers offering WIA youth services. These include human resource development councils across the state as well as Helena's Career Training Institute. The Montana Department of Labor and Industry provides policy and guidance to the local areas; Montana Job Training Partnership, Inc. is administrative entity for the local areas.

For more information, contact Connie Kinsey, Statewide WIA Program Manager, Statewide Workforce Programs at 406-444-4571 or by e-mail at ckinsey@state.mt.us.

Workforce Development for Poverty Reduction: Lessons Learned

The National League of Cities' Workforce Development for Poverty Reduction initiative helped five cities use local resources and workforce development strategies to link low-income residents with greater economic opportunities, helping to improve the responsiveness of the local workforce development systems in the process. Here are lessons and insights from five U.S. cities.

http://www.nlc.org/nlc_org/site/programs/workforce_development/index.cfm

For questions or comments, contact Phyllis Furdell, project manager, at 202-626-3034 or e-mail furdell@nlc.org.



School to Work



Agency: Office of the Commissioner of Higher Education (OCHE)

Purpose: Montana's vision is a comprehensive statewide system to ensure higher-level learning, employability, and economic self-sufficiency for all Montana youth through school- and work-based learning and activities connecting the two.

ICC Goal: Prevent school dropout

Training and Technical Assistance

Best Practices: Montana STW has a published *Best Practices Manual* that can be sent free of charge by calling Amber Lawrence at 406-444-0318.

Evaluation: Montana STW has conducted four years of ongoing annual evaluations of local community partnerships in 120 local communities across the state.

Specific Cultural Considerations: We have conducted two Contextual Teaching and Learning Institutes and one seminar focused on teaching within the students' context to promote higher learning. The cultural context of the student is very important.

Community Outreach and Support

Volunteer Sector: Each local school-to-work partnership is made up of volunteers from the community. Many community-level committees will continue to oversee STW programs in their community even though the federal grant period is concluded.

Data: All data collected and stored has to do with School-to-work activities in Montana. Data and Information is available upon request by calling 406-444-0318.

Partnerships or Networks: People can connect with School-to-work partnerships in the state or community by calling 406-444-0318

Publications: Employers Guide, Job Shadowing Brochure, Mentoring Brochure, Career Exploration Brochure, Work

Based Learning Brochure, Internships Brochure, and STW Best Practices Manual.

Program Websites: www.montana.schooltowork.org

For more information, check out the PRC Resource Directory for School-to-Work: <http://www.state.mt.us/prc/resources/Resources3.asp?id=44>

Coming up in our next issue:

Montanans Making a Difference

Do you know of someone who is really making a difference in Montana's prevention world? We'd like to hear the stories . . .

about what's working, who's making a difference and how. Please share your stories with the *Prevention Connection*.

Contact Editor Sherrie Downing with suggestions.
DowningSL@attbi.com

Due date: August 15
Preferred length: 500-750 words

CSAP Center for Substance Abuse Prevention
Substance Abuse and Mental Health Services Administration

A joint publication of the *Prevention Resource Center* and the *Addictive and Mental Disorders Division*

MONTANA
Department of Public Health & Human Services

Be a Copy Cat

You may make copies of articles in the Prevention Connection for noncommercial, educational use. No reprint of this document or articles contained herein should be used in a way that could be understood as an expressed or implied endorsement of a commercial product, service or company. To use this document in electronic format, permission must be sought from the Prevention Connection and the individual author. Please be sure to include acknowledgement of the author and the Prevention Connection in any reproductions. All other rights remain the property of the Prevention Connection and the author.

1,500 copies of this public document were published at an estimated cost of \$2.57 per copy, for a total cost of \$3,854.00, which includes \$3,441.00 for production and printing and \$413.00 for distribution.



Montana Prevention Resource Center

P.O. Box 4210
Helena, MT 59604

PRSP
STD RATE
U.S. Postage
Paid
Permit No. 246
Helena, MT